

PLACE OF BIRTH

1. County of DeLa

District of _____

Town of Miami

or

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 185

County Registrar No. _____

Local Registrar No. 314No. 907 Sullivan St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Gloria Juarez (If child is not yet named, make supplemental report, as directed.)3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? yes 7. Date of birth Oct. 20, 1925
Month Day Year8. FATHER
Full name Julian Juarez
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race Mex. 11. Age at last birthday 25 (Years)12. Birthplace (city or place) Coahuila, Mex.
(State or country)13. Occupation
Nature of Industry Miner14. MOTHER
Full maiden name Clisa Fuente
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.16. Color or race Mex. 17. Age at last birthday 22 (Years)18. Birthplace (city or place) Prescott, Arizona
(State or country)19. Occupation
Nature of Industry Housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 2
(b) Born alive but now dead _____
(c) Stillborn _____21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 12 M. on the date above stated
(Born alive or stillborn)* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown M.D. (Physician or midwife).
Address Miami, ArizonaGiven name added from a supplemental report _____
Month, day, year _____ Filed Nov 6 1925 C. E. Don Local Registrar.

Registrar

Filed _____ 19 _____

County Registrar

719-1020-565

N. P. - In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each child stated.